



2017 Youth Force Group Application

All applications must be completed by the student wishing to join the group



Name of Applicant: _____ Grade: _____

Address: _____

Phone: 1. (Home/Work/Cell): _____

2. (Home/Work/Cell): _____

Name(s) of Guardian(s): _____

Have you previously been in Youth Force Group? YES / NO

☐ Spring 2017 Session (January 24th-May, 2017): Meetings are held EVERY Tuesday unless noted

Do you have any time commitments that will interfere with any of the Tuesdays after school (2:00-4:00pm) meetings throughout the session? YES / NO

If yes, please specify the dates, times, and reasons: _____

Would you be willing to participate in group projects on days other than Tuesdays? YES / NO

1. Why do you want to join Youth Force Group? _____

2. Why is it important for you to participate in community service? _____

3. What is the cause you would most want to work for (ie. poverty, animals, environment etc.)? Why? _____
